



State of Utah

DEPARTMENT OF COMMERCE
DIVISION OF CONSUMER PROTECTION

CREDIT SERVICE ORGANIZATION PERMIT APPLICATION FORM

Annual Application fee: \$100.00 (Non-refundable)

Applicant's Name

Date of Application

OFFICE USE ONLY	
Date Issued:	_____
Permit Number:	_____
Approved:	_____
Denied:	_____
Expiration:	_____

Please mark the appropriate box:

☐ INITIAL
APPLICATION

☐ RENEWAL
APPLICATION

If you have any questions, please contact the Division at (801) 530-6601.

Please return the completed application form and fee to:

Department of Commerce
Division of Consumer Protection
160 East 300 South
SM Box 146704
Salt Lake City, Utah 84114-6704

1. Applicant's Name: _____

2. Other Names that Applicant Uses: _____

3. Applicant's Address: _____

Street

City

State

Zip Code

Telephone Number: _____ Facsimile Number: _____

4. Provide the following information for Applicant's contact person:

Name

Telephone Number

Facsimile Number

5. List the name of any person(s) who owns or controls more than 5% of the organization, either directly or through another person or entity:

Name

Name

Name

Name

Name

Name

Name

Name

Name

Name

6. Provide the following information for any individual who is responsible for the day-to-day operation of the organization:

Name

Telephone Number

Facsimile Number

Name

Telephone Number

Facsimile Number

Name

Telephone Number

Facsimile Number

7. State the case title, docket number, the names and address of all parties and a detailed explanation of any administrative, civil or criminal action in which the organization or any person identified in paragraphs 5 and 6 above is a party to an administrative, civil or criminal action that arose in this state or any other jurisdiction involving the services of a credit service organization (attach additional sheets if necessary).

8. Please provide a detailed outline of the organization's credit services program to be offered in this state. Attach copies of any contract, form, sales literature, or other relevant document that will be used by the organization.

9. Surety Requirement.

- a. Please mark the appropriate box indicating the type of surety that accompanies this application. The bond, letter of credit or certificate of deposit from a Utah depository must be in the amount of \$100,000.00 and must be made payable to the **DIVISION OF CONSUMER PROTECTION / STATE OF UTAH**

☐ Bond ☐ Letter of credit ☐ Certificate of Deposit

- b. If a bond is being submitted, please provide the following information:

Amount of bond, letter of credit or certificate of deposit: _____

Date of bond: _____ Bond expires: _____

Name of Surety Company: _____

Address of Surety Company: _____

Telephone and fax number of Surety Company: _____

Registered on Treasury list: ☐ Yes ☐ No

- c. If a letter of credit or certificate of deposit is being submitted, please provide the following information:

Date of letter of credit:_____ Letter of credit expires: _____

Date of certificate of deposit:_____ Certificate of deposit expires: _____

Name of Utah Bank: _____

Address of Utah Bank: _____

Telephone and fax number of Utah Bank:_____

By signing this application, the undersigned certifies that the information provided herein is true and correct.

DATED: _____

APPLICANT:

BY _____
ITS